FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N93000005682 (0)

THE OCALA CHURCH OF JESUS CHRIST, RESTORATION BR

ANCH, INC. Principal Place of Business Malling Address 4933 SE 40TH TERRACE 4833 SE 40TH TERRACE 3. Date Incorporated or Qualified OCALA FL 34480-8517 OCALA FL 34480-8517 12/15/1993 4. FEI Number Applied For 59-3206949 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes No-NA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ALLEN, VERNON A Street Address (P.O. Box Number is Not Acceptable) **4933 SE 40TH TERRACE** OCALA FL 34480-8517 84 City Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alguature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, TITLE DELETE 1.1 TITLE Change Addition ALLEN, VERNON A NAME 1.2 NAME 4933 SE 40TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34480 CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition HOLLAND, DOROTHY NAME 2.2 NAME 6040 SE 126 ST STREET ADDRESS 2.3 STREET ADDRESS BELLEVIEW FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ALLEN, DOROTHY NAME 3.2 NAME 4933 SE 40 TERR STREET ADDRESS 3.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-72P 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

4.1 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verning A. ARLEUE HVERHBRIDA,

FILED

Mar 19 1998 8:00am

Secretary of State